

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. *98523*

Office of Registrar of Vital Statistics.

Ward *194*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *10 March, 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Harry R. Hogg*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *6* Years, *6* Months, *19* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *✓*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Balt.*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give Street and Number. } *1508 W. Fayette St.*

Cause of Death, { First (Primary), Second (Immediate), } *Stomach Diarrhea*
Marasmus

Duration of Last Sickness, *Two months*

All the above information should be furnished by the Physician.

Place of Burial, *Linden Park Cemetery*

Date of Burial, *March 11 1887*

{ Undertaker, *Los B. Cook*

{ Place of Business, *1403 W. Fayette* Address, *1403 W. Fayette*

John M. Wood, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

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Permit No. 98524

Office of Registrar of Vital Statistics.

Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

C

Date of Death,

March 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Henry Schoun (Scharoun)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Married

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give Street and Number. } Cor. of Center Ave., White

Cause of Death, { First (Primary), Second (Immediate), }

Tuberculosis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, March 10th 1887

{ Undertaker, W. L. Appel M.D. }

{ Place of Business, 157 S. Bay Address, 111 S. Bay

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Permit No. 98525

Office of Registrar of Vital Statistics.

Ward 7th

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CERTIFICATE OF DEATH.

Date of Death, March 9th 1889
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. John Comp
Sex, Male or Female, {Cross out the word not required in this line.} Male
Age, Thirty Four (34) Years, Nine (9) Months, Nine (9) Days.
Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married
Occupation, Stone Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifteen (15) Years

Place of Death, {Give Street and Number.} No. 1617 Milliman Street

Cause of Death, {First (Primary), Second (Immediate),} Paralysis

Duration of Last Sickness, Five Days (5)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 11th 1889

Undertaker, John Herzig

Place of Business, 2008 Orleans St. No 418 N Broadway
Medical Attendant, H. Glendinen, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 98526

Office of Registrar of Vital Statistics.

Ward 182

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 11th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Sauer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, 20 Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 5 Remond St (Randall St)

Cause of Death, { First (Primary), Capillary Bruchitis
Second (Immediate), Exhauition

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician

Place of Burial, Western Cem.

Date of Burial, March 11 1888

Undertaker, John Herzig

Place of Business, 200 S. Calvert St Address, 108 Conway St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 98527 Office of Registrar of Vital Statistics.

Ward 7

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CERTIFICATE OF DEATH.

Date of Death, March 9

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Booth
Frederick

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 25 Years, Months, Days.

Color, Irish

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Not known

Occupation, Hammer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Not known

Place of Death, { Give Street and Number. } St. Joseph's Hospital

Cause of Death, { First (Primary), Second (Immediate), } Tubercle lung & grey. Ulcerative
Hemorrhage

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, March 11 1877

{ Undertaker, Geo. Rinehart Edmund M. D.

{ Place of Business, Health Office Address, Barth's House

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back

Health Department, City of Baltimore.

Permit No. 98528 Office of Registrar of Vital Statistics.

Ward 82

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 10th / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Sims

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 Years, Two Months, 0 Days.

Color, Dark brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt city

Duration of Residence in the City of Baltimore, Two months

Place of Death, { Give Street and Number. } No 21 Canal Alley

Cause of Death, { First (Primary), Second (Immediate), } Unknown
Marasmus

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mch 11th / 87

{ Undertaker, Chas T. Seiver Benj H Bohrer M. D. Medical Attendant.

{ Place of Business, 21 Eutaw St Address, Cor of Mulberry & Green Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

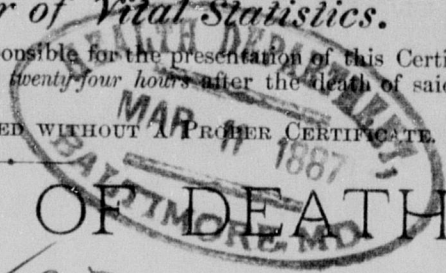
The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 98529 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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C

CERTIFICATE OF DEATH.

Date of Death, March 9/87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Fielder

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 721 Grindell's Court

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 721 Grindell's Court

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Lucien Cemetery

Date of Burial, March 11/87

Undertaker, H. Ross J. W. White M. D.

Medical Attendant.

Place of Business, Cornway St Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 98330

Office of Registrar of Vital Statistics.

Ward 12

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death,

March 10th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Kanger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Shoe maker
Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

35 yrs.

Place of Death, { Give Street and Number. }

515 Burk St.

Cause of Death, { First (Primary),

Second (Immediate),

Tuberculosis

Duration of Last Sickness,

7 wks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, March 13

Undertaker, He. Sanders & Son John H. Rehberger M. D.

Medical Attendant.

Place of Business, 710 Canton Address, 1709 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 9853/ Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Connelly

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 4 Months, 4 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 906 Constitution

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 906 Constitution

Cause of Death, { First (Primary). Second (Immediate). } Marasmus
Exhaustion

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 12th 1887

Undertaker, M. Cadogan H. R. Robinson M. D.

Place of Business, 207 Mulberry Address, 725 Greenleaf Ave

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

for Burials, to the Office whenever ... each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 98532 — Office of Registrar of Vital Statistics Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 9th / 87
Full Name of Deceased, Anton Wolf { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, { Cross out the word not required in this line.
Age, 65 Years, — Months, — Days.
Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation, Plisher

Birth Place, { State or country, and how long in the United States, if of foreign birth. Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. 90 Franklin St Franklin St

Cause of Death, { First (Primary), Pneumonia
Second (Immediate), 2 weeks

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, March 11th 1887

{ Undertaker A. Rosenberger { Signature H. J. ... M. D.

{ Place of Business, 61 Park Ave Address, 700 Cathedral Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]